

**Stated Added Questions
1998 Prescription Weight Loss Pill Use**

Previously you stated you had taken prescription weight loss pills in the past 2 years. Now we would like to ask you about the prescription and over the counter pills you used and your experience with them. Please remember we do not want you to include water pills or thyroid medications. We are only interested in pills whose primary purpose is weight loss.

First we would like to ask you about the prescription pills you have used for weight loss.

1. What is the name of the prescription weight loss pill you used **most often** during the past 2 years?

[Interviewer:

=> If subject has used 2 or more pills simultaneously answer subsequent questions for each pill used.

=> If the subject is uncertain, please have respondent bring pill bottle to the phone.]

**Refer to
coding list
for prompting.
If not on list
please specify.**

Pill code number (specify):

Don't know/Not sure **Go to Q.13** 77

Refused **Go to Q.13** 99

2. Are you currently taking this pill?

Yes **Go to Q. 4** 1

No 2

Don't know/Not sure 7

Refused 9

3. In what month and year did you stop taking this pill?

Date (month and year): ____ / ____

Don't know/Not sure 77 / 77

Refused 99 / 99

4. In your **life time**, what is the total number of months or years that you have taken this pill? Do not count any time you were not taking this pill.

Months (specify): (1)

Years (specify): (2)

Off and on (specify number of years): (3)

Don't know/Not sure 77

Refused 99

5. If you have taken another prescription weight loss pill in the past 2 years, what is the name of the **second pill** you took most often?

Refer to coding list for prompting. If not on list please specify.	a. Pill code number (specify):	
	b. Didn't take another pill	Go to Q.10 66
	Don't know/Not sure	Go to Q.10 77
	Refused	Go to Q.10 99

6. Are you currently taking this pill?

Yes	Go to Q.8 1
No	2
Don't know/Not sure	7
Refused	9

7. In what month and year did you stop taking this pill?

Date (month and year):	___ ___ / ___ ___
Don't know/Not sure	77 / 77
Refused	99 / 99

8. In your **life time**, what is the total number of months or years that you have taken this pill? Do not count any time you were not taking this pill.

Months (specify):	(1)
Years (specify):	(2)
Off and on (specify number of years):	(3)
Don't know/Not sure	77
Refused	99

9. Please give me the name of the **next most often** used prescription weight loss pill you took in the past 2 years.

Refer to coding list for prompting. If not on list please specify.	a. Pill code number (specify):	
	b. Didn't take another pill	66
	Don't know/Not sure	77
	Refused	99

10. Since taking **fen-phen, Redux, fenfluramine, or dexfenfluramine**, have you received an echocardiogram? An echocardiogram is a special picture of your beating heart similar to an ultrasound. [**Help - - Programming needed so that this is only asked of positives from questions 1, 4 and 9.**]

Refer to FDA for inquiries 1-800-FDA-1088	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

11. In the past 2 years, did you **usually** obtain your prescription weight loss pills by:

Read all choices	
a. Physician from a commercial diet clinic	1
b. Personal physician in a Health Maintenance Organization (HMO)	2
c. Personal physician or any other physician	3
d. Friend or family member	4
e. Other	5
Don't know/Not sure	7
Refused	9

12. How much weight did you **lose in the past 2 years** while using prescription weight loss pills?

Weight (pounds):

None	000
Use for weight maintenance	000
Don't know/Not sure	777
Refused	999

Now we would like you to tell us about any Over-the-Counter pills you have taken in the last two years to lose weight.

13. Have you taken any of the following over-the-counter weight loss pills in the past 2 years?.

	Choose Yes or No	
a. Herbal fen-phen	Yes	No
b. Accutrim	Yes	No
c. Dexatrim	Yes	No
d. St. John's Wort	Yes	No
e. Ephedra	Yes	No
f. Other	Yes	No

14. Since your 18th birthday, what is the **most** you have ever weighed? For women, do not include pregnancy weight.

**Round
up**

Weight (pounds):

Don't know/Not sure	777
Refused	999

CODING LIST
Alphabetized Trade Name

Code	Trade Name	Generic Name
01	Adipex-P	Phentermine hydrochloride
02	Biphetamine	Amphetamine
03	Biphetamine	Dextroamphetamine
04	Bontril	Phendimetrazine tartrate
05	Desoxyn	Methamphetamine hydrochloride
06	Dextrine	Dextroamphetamine sulfate
07	Didrex	Benzphetamine hydrochloride
08	Effexor	Venlafaxine hydrochloride
09	Fastin	Phentermine hydrochloride
10	Fen-Phen	Fenfluramine - Phentermine
11	Ionamin	Phentermine resin
12	Mazanor	Mazindol hydrochloride
13	Meridia	Sibutramine
14	Obenix	Phentermine hydrochloride
15	Oby-trim	Phentermine hydrochloride
16	Oby-cap	Phentermine hydrochloride
17	Pondamin	Fenfluramine hydrochloride
18	Plegine	Phendimetrazine tartrate
19	Preludin	Phenmetrazine hydrochloride
20	Prelu-2	Phendimetrazine tartrate
21	Prozac	Fluoxetine hydrochloride
22	Redux	Dexfenfluramine hydrochloride
23	Tenuate	Diethylpropion hydrochloride
24	Sanorex	Mazindol hydrochloride
25	X-Trozone	Phendimetrazine tartrate
26	Xenical	Orlistat
27	Zantryl	Phentermine hydrochloride
28	Zoloft	Sertraline hydrochloride
88	Other	

CODING LIST
Alphabetized Generic Name

Code	Trade Name	Generic Name
02	Biphetamine	Amphetamine
07	Didrex	Benzphetamine hydrochloride
22	Redux	Dexfenfluramine hydrochloride
03	Biphetamine	Dextroamphetamine
06	Dextrine	Dextroamphetamine sulfate
23	Tenuate	Diethylpropion hydrochloride
10	Fen-Phen	Fenfluramine - Phentermine
17	Pondamin	Fenfluramine hydrochloride
21	Prozac	Fluoxetine hydrochloride
12	Mazanor	Mazindol hydrochloride
24	Sanorex	Mazindol hydrochloride
05	Desoxyn	Methamphetamine hydrochloride
26	Xenical	Orlistat
04	Bontril	Phendimetrazine tartrate
18	Plegine	Phendimetrazine tartrate
20	Prelu-2	Phendimetrazine tartrate
25	X-Trozone	Phendimetrazine tartrate
19	Preludin	Phenmetrazine hydrochloride
01	Adipex-P	Phentermine hydrochloride
09	Fastin	Phentermine hydrochloride
14	Obenix	Phentermine hydrochloride
15	Oby-trim	Phentermine hydrochloride
16	Oby-cap	Phentermine hydrochloride
27	Zantryl	Phentermine hydrochloride
11	Ionamin	Phentermine resin
28	Zoloft	Sertraline hydrochloride
13	Meridia	Sibutramine
08	Effexor	Venlafaxine hydrochloride
88	Other	